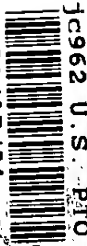


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JC962 U.S. PTO

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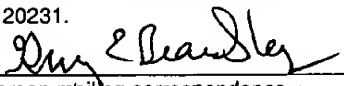
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I hereby certify, under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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 Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	00786/351006
Applicant	Gary Ruvkun et al.
Title	THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS

PRIORITY INFORMATION:

This application is a continuation of application U.S.S.N. 09/205,658, filed December 3, 1998, which is a continuation-in-part of PCT/US98/10080, filed May 15, 1998, which is a continuation-in-part of U.S.S.N. 08/888,534, filed July 7, 1997, now abandoned, and U.S.S.N. 08/857,076, filed August 3, 2000, which is a continued prosecution application of U.S.S.N. 08/857,076, filed May 15, 1997, now U.S. Patent No. 6,225,120.

SMALL ENTITY STATUS:

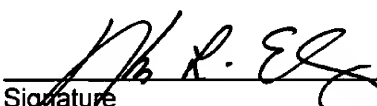
☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	215 pages
Claims	2 pages
Abstract	1 page
Drawing	69 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> A copy from prior application 09/205,658 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages

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Form 6350

Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 10 - 20 x \$9	\$0
Excess Independent Claims Fee: 4 - 3 x \$40	\$40.00
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$530.00
<input checked="" type="checkbox"/> Enclosed is a check for \$530.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
CUSTOMER NO: 21559	
 Signature	25 September 2001 Date

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